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PATENT APPLICATION FEE DETERMINATION RECORD										Application or Docket Number		
Substitute for Form PTO-875 10/068,299												
APPLICATION AS FILED - I (Column 1)					PART I (Column 2)		SMALL ENTITY		OR	OTHER SMALL		
FOR NUMBE			UMBER FILED	NUMBI	ER EXTRA	RATE	RATE (\$)			RATE (\$)	FEE (\$)	
	IC FEE CFR 1.16(a), (b), or (c	e))	N/A		N/A.			370	1	N/A	1	
SEA	RCH FEE CFR 1.16(k), (i), or (m		N/A		N/A		١.		Î	N/A		
EXA	MINATION FEE FR 1.16(o), (p), or (q		N/A		N/A				ļ	N/A		
ТОТ	AL CLAIMS CFR 1.16(i))		13 minus 2	Ó = *·	*· O		=		OR	x =		
	EPENDENT CLAII CFR 1.16(h))	vis	4 minus 3	3 = *	* 1		2. =	42	Ĩ	х =		
APP FEE	LICATION SIZE	shee is \$20 addit	If the specification and drawings sheets of paper, the application is \$260 (\$130 for small entity) for additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 C		ize fee due each ereof. See				•			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						.N/A	۸.			N/A		
* If the difference in column 1 is less than zero, enter "0" in column 2.					тот	AL	412		TÖTÄL			
APPLICATION AS AMENDED – PART II												
(Column 1) (Column 2) (Column 3)						SIV	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT A	6/28/08	CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 42	Minus	28	= 14	x 2	5 =	350	OR	x =		
	Independent (37 CFR 1.16(h))	* 5	Minus	*** 4	= 1	x 10	5 =	105	OR	х =		
	Application Size	tion Size Fee (37 CFR 1.16(s))			1.							
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					N/A			OR	N/A		
						TOTAL ADD'L F	EE	455	OR	TOTAL ADD'L FEE		
		(Column 1)	(Column 2)	(Column 3)							
AMENDMENT B		CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**	=	x	=		OR	.x =		
QN.	Independent (37 CFR 1.16(h))	*	Minus	***	=	X.	=		OR	x =		
ME	Application Size Fee (37 CFR 1.16(s))]			
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					N/A			OR	N/A		
	 					TOTAL ADD'L F	EE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Table and April 1) is the highest number (sund in the appropriate box is salumn 1.												

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